

Service Academy Exchange Program -- Preregistration for Next 2 Semesters

Date _____ Return to Associate Dean for Academic Affairs, give copy to adviser, retain copy for self.

Name:			Company:		
Alpha:		DOB:	SSN:		Religion:
Major:			Adviser:		Adviser Phone Extension:
Host Service Academy Course <small>(circle appropriate)</small> USAFA USCGA USMA RMC			Naval Academy Equivalent Course		
Designator	Title	Designator	Title	Credits	Indicate: Chair/ADAA OK or from Course Equiv. Table
(Alt 1)					
(Alt 2)					
(Alt 3)					
(Alt 4)					

Service Academy Exchange Program -- Preregistration for Next 2 Semesters

Tentative Preregistration for Return Semester at USNA

Designator	USNA Course Title	Credits	Preferences/Remarks

I approve the academic program proposed by my advisee, MIDN _____ while he/she will be a participant in the Service Academy Exchange Program next semester. I also approve his/her proposed preregistration for the semester following when he/she returns to the Naval Academy. A copy of this midshipman 's current matrix from MIDS is attached.

Advisor ' s Signature

Date

Changes to academic program at host academy must be reported to the ADAA immediately.
email: fid@usna.edu phone: 410-293-1586 (comm), 281-1586 (atvn) fax: 410-293-3735